

FRESH ONE

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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50						
TOTAL IND.	14					
TOTAL DEP.	16					
TOTAL CLAIMS	30					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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CLAIMS ONLY

SERIAL NO.

09903706

FILING DATE

07-13-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6	1	1					56						
7		1					57						
8	1	1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13	1	1					63						
14	1	1					64						
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18	1	1					68						
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26	1	1					76						
27	1	1					77						
28	1	1					78						
29	1	1					79						
30	1	1					80						
31	1	1					81						
32	1	1					82						
33	1	1					83						
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35	1	1					85						
36	1	1					86						
37	1	1					87						
38	1	1					88						
39	1	1					89						
40	1	1					90						
41	1	1					91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	14		14				TOTAL IND.						
TOTAL DEP.	14		16				TOTAL DEP.						
TOTAL CLAIMS	18		30				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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